

# Children's Cabinet

## December 20, 2019

# Agenda

- Welcome, Introductions, Approval of Minutes
- Announcements
- Whole Family Approach to Jobs
- Statewide Health Equity Indicators
- Public Comment & Discussion

# Welcome & Introductions

# 3<sup>rd</sup> Annual Whole Family Approach to Jobs Convening December 4-6, 2019

*WFAJ is a multi-year initiative to help participating states and leaders develop program, policy and system solutions that support parents in achieving greater employment gains and economic stability. All six New England states involved are testing new family-centered policies and strategies to improve employment access and family economic stability across workforce development, human services, and education systems.*

- ❖ More than 150 attended from 15 states (Region 1 and 4)
  - Parents, Governor, Federal and state partners, community partners and local and national funders
- ❖ Parent voice and experience at the center
- ❖ RI Planning Team identified specific program priorities to advance DHS' strategic work



**“We appreciate the transformative efforts Governor Raimondo and Secretary Jones have made to ensure that Rhode Island families have a valued place at the table and that their voices help inform the state’s ‘whole family’ approach to servicing its residents.”**

**Lynn Johnson, Asst. Secretary for federal Administration for Children and Families (ACF)**

# Whole Family Accomplishments

*RI DHS is the state lead for this initiative, and so far, we have:*

- ❖ In the 2019 legislative session:
  - Tiered reimbursement rates were added for family child care sites and 340 new seats were added for pre-k
  - Transferred child care licensing team from DCYF to DHS to strengthen and deliver high-quality child care services and better support the workforce
  - Eliminated a 24-month time limit in the Rhode Island Works (RIW) program that interrupts the work training that is so critical for recipients to reach self-sufficiency. Beginning January 1, 2020, RIW families will now have 48 months of continuous benefits.
- ❖ Made Improvements to young parent policy and practice across the Department of Human Services and Department of Children, Youth and Families (DCYF).
- ❖ Integrated childcare licensing into the state's broader plan for quality improvement by transferring its operations from the child welfare agency to RI DHS.
- ❖ Held family-centered coaching trainings in partnership with Dunamis Synergy at West Elmwood Housing Development Corporation to train over 20 youth workers.
- ❖ Completed a comprehensive set of childcare system needs assessments including family, workforce and facilities assessments, through the state's recently awarded Preschool Development Grant.





## 2020 Priorities

### ❖ RI Works Improvements

- Legislative priorities include Earned Income Disregard and Increased Access to Child Care for RI Works families
- Pilot Parent Focus Groups

### ❖ Early Childhood Workforce Opportunities

- Expanded Preschool Development Grant work
- Legislative priorities include Child Care for Higher Education and Increased Reimbursement Rates

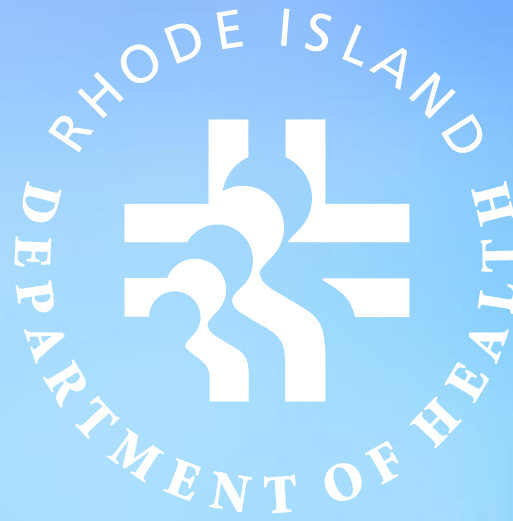
### ❖ Benefit Cliff Counseling

- Pilot monthly case conferencing



**“Like the Whole Family Approach to Jobs, Rhode Island’s Health and Human Service agencies are focused on delivering true, comprehensive services because we understand that having one piece of the puzzle does very little good for anyone.”**

**EOHHS Secretary Womazetta Jones**



**Nicole Alexander-Scott, MD, MPH**  
**Director, Rhode Island Department of Health**

*December 20, 2019*

- Rhode Island Department of Health (RIDOH) Strategic Priorities
- Statewide Health Equity Indicators



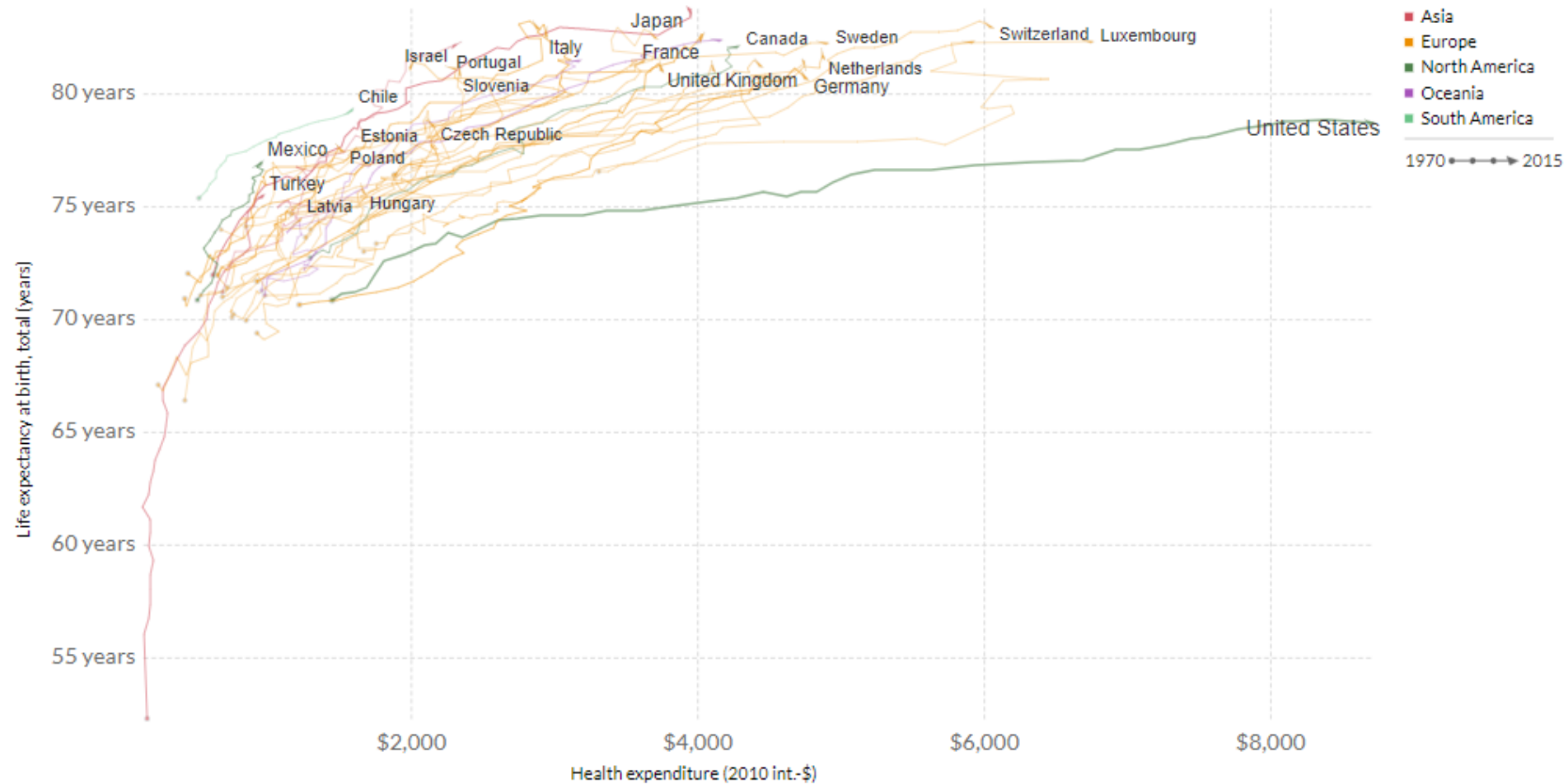
# Healthcare Spending. . .



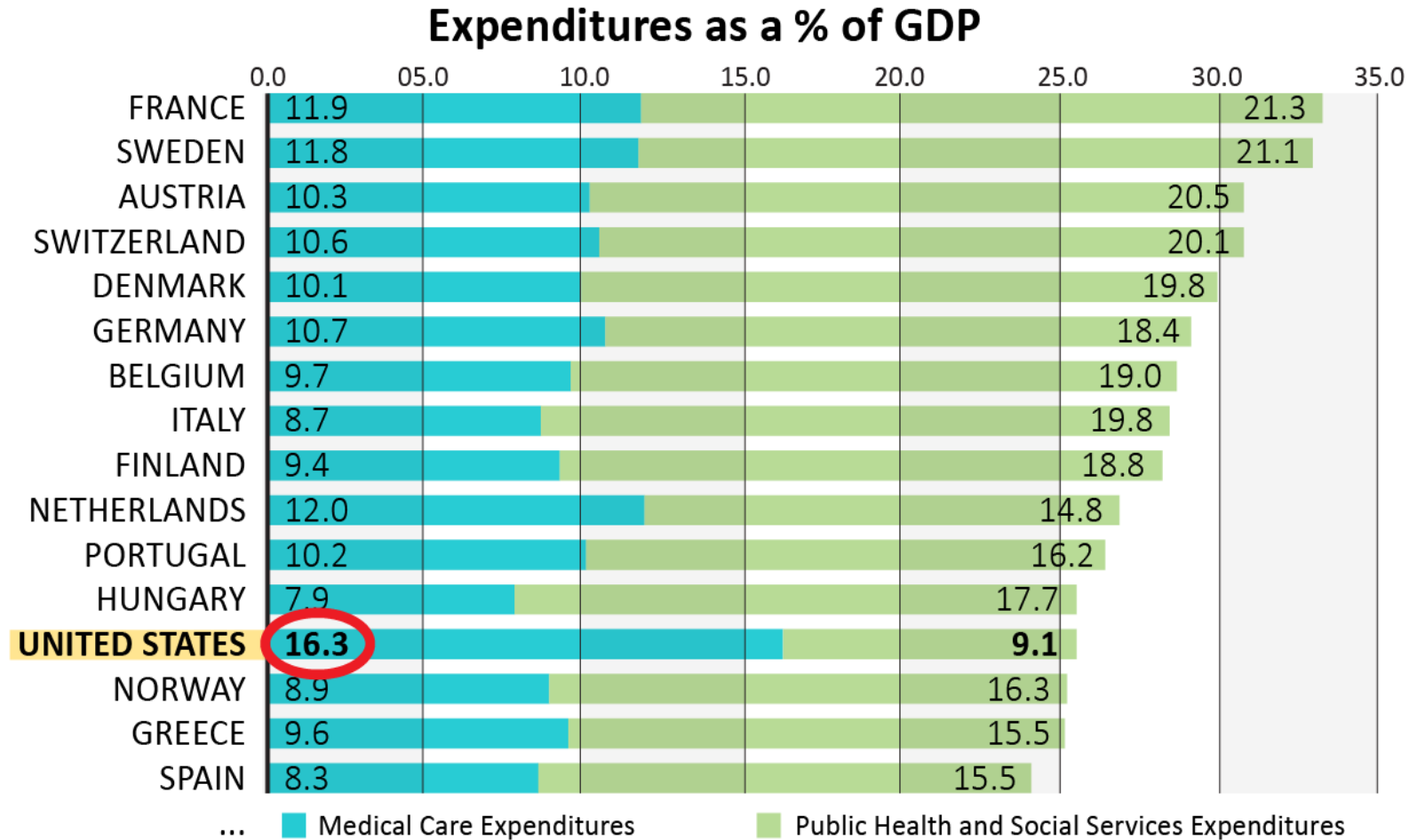
## Life expectancy vs. health expenditure, 1970 to 2015

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).

Our World  
in Data

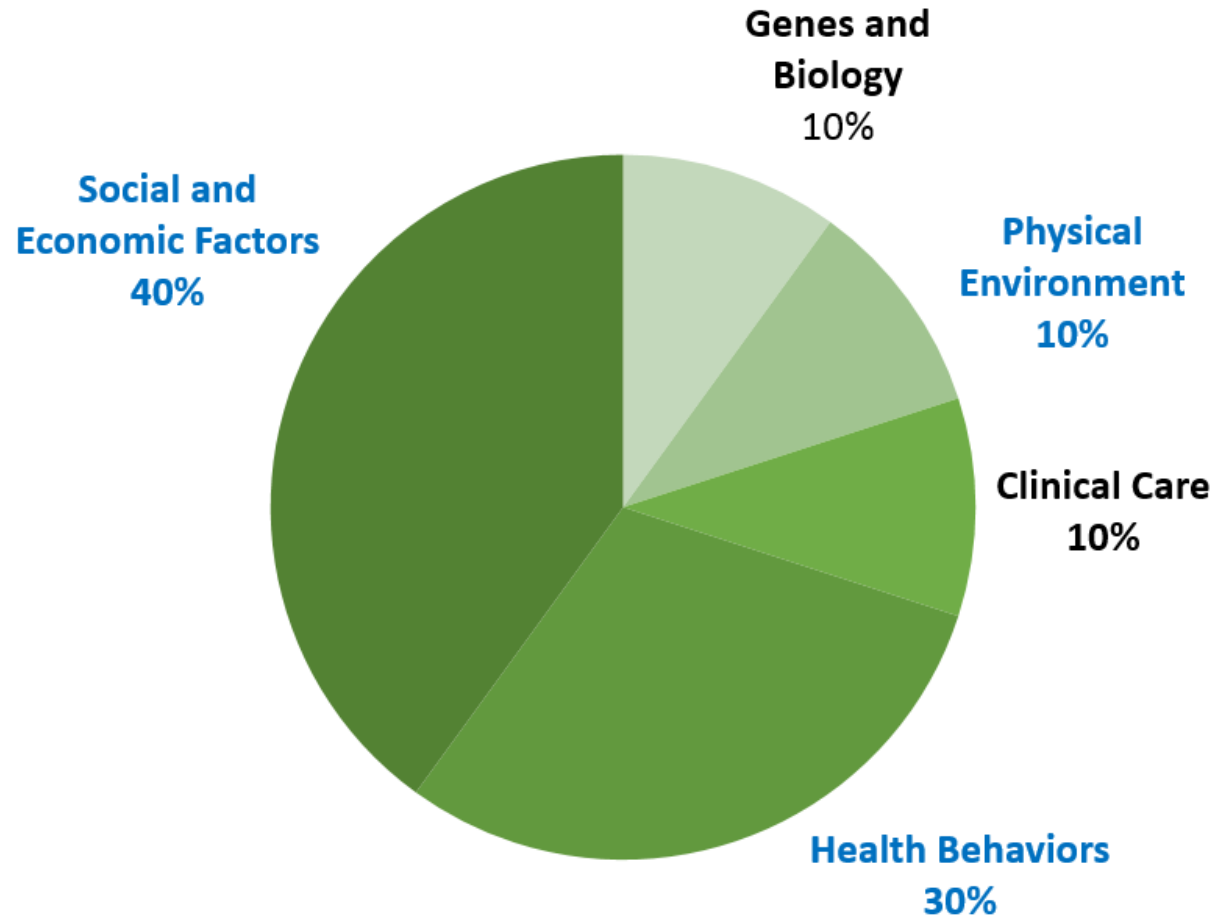


# ...Vs. Community Investments



For every \$1 spent on healthcare, most countries spend \$2 on public health and social services. The US only spends 55 cents.

# Health Starts in our Communities



80% of health happens in the community

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

## 23 POPULATION HEALTH GOALS

### Promote healthy living for all through all stages of life

- 1 Reduce obesity in children, teens, and adults
- 2 Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
- 3 Promote the health of mothers and their children
- 4 Promote senior health to support independent living
- 5 Promote behavioral health and wellness among all Rhode Islanders
- 6 Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health

### Ensure access to safe food, water, and healthy environments in all communities

- 7 Increase access to safe, affordable, healthy food
- 8 Increase compliance with health standards in recreational and drinking water supplies
- 9 Reduce environmental toxic substances, such as tobacco and lead
- 10 Improve the availability of affordable, healthy housing and safe living conditions

### Promote a comprehensive health system that a person can navigate, access, and afford

- 11 Improve access to care including physical health, oral health, and behavioral health system
- 12 Improve healthcare licensing and complaints investigations
- 13 Expand models of care delivery and healthcare payment focused on improved outcomes
- 14 Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs
- 15 Increase patients' and caregivers' engagement within care systems

### Prevent, investigate, control, and eliminate health hazards and emergent threats

- 16 Reduce communicable diseases, such as HIV and Hepatitis C
- 17 Reduce substance use disorders
- 18 Improve emergency response and prevention in communities
- 19 Minimize exposure to traumatic experiences, such as bullying, violence, and neglect

### Analyze and communicate data to improve the public's health

- 20 Ensure that quality public health data are collected consistently using current technology
- 21 Analyze public health data to monitor trends, identify emerging problems, and determine populations at risk
- 22 Provide public health data to support program planning, policy, development, and surveillance needs
- 23 Improve health literacy among Rhode Island residents

# **RIDOH OVERARCHING GOAL**

**Positively Demonstrate for Rhode Islanders  
the Purpose and Importance of Public Health**

## **RI Population Health Plan LEADING PRIORITIES**

**Address  
Socioeconomic  
and Environmental  
Determinants of Health  
in Rhode Island**

**Eliminate  
Disparities of Health  
in Rhode Island  
and Promote  
Health Equity**

**Ensure Access  
to Quality Health Services  
for Rhode Islanders,  
Including Our Vulnerable  
Populations**

## **CROSS-CUTTING STRATEGIES**

***RIDOH Academic Institute:*** Strengthen the integration of scholarly activities with public health  
***RIDOH Health Equity Institute:*** Promote collective action to achieve the full potential of all RIs



# The Importance of Community Voice



Adverse health outcomes stem from generations-long socioeconomic and environmental inequities – including structural racism and discrimination.

We must **engage the community** to better understand how their environments and experiences affect health.



- Rhode Island Department of Health (RIDOH) Strategic Priorities
- **Statewide Health Equity Indicators**



# RIDOH Community Health Assessment Group



As part of RIDOH accreditation, formed to engage diverse partners and develop recommendations to improve local health outcomes.

Developed a set of **Statewide Health Equity Indicators** to monitor progress to improve the socioeconomic and environmental conditions that impact health.

- Developed through **extensive community engagement** process.
- **Designed to complement existing efforts**, including RI's Population Health Goals and the national Health Opportunity and Equity (HOPE) measures.

# RIDOH Community Health Assessment Group



- Phase 1:** Identified policy priorities and reviewed similar work nationally/internationally
- Phase 2:** Examined 180+ potential indicators
- Phase 3:** Selected core set of indicators
- Phase 4:** Promoting indicators as statewide standard to assess progress towards health equity

# Selection Criteria



- Publicly available for Rhode Island
- Updated regularly
- Reflected 2015 or more recent data
- Able to break down data **by community** and/or demographics
- Were upstream and affected more than one demographic/region

# Health Equity Measurement Conceptual Framework

## POPULATION HEALTH OUTCOMES

Address the socioeconomic and environmental determinants of health in Rhode Island

Eliminate the disparities of health in Rhode Island and promote health equity

Ensure access to quality health services for Rhode Islanders, including our vulnerable populations

23 Population Health Goals and Key Metrics



## HEALTH EQUITY DOMAINS

Integrated  
Healthcare

Community  
Resiliency

Physical  
Environment

Socioeconomics

Community  
Trauma

## KEY DETERMINANTS OF HEALTH

Healthcare Access

Social Services

Behavioral Health

Civic Engagement

Social  
Vulnerability

Equity in Policy

Natural  
Environment

Transportation

Environmental  
Hazard

Housing Cost  
Burden

Food Insecurity

Education

Discrimination

Criminal Justice

Public Safety

# New Ways to Measure Success: Statewide Health Equity Indicators



Domain	Determinant	Indicator
Integrated Healthcare	Healthcare Access	Percentage of adults who reported not seeking medical or dental care due to cost
	Social Services	Ratio: Number of individuals receiving to number of individuals eligible for SNAP, based on income
	Behavioral Health	Ratio: Number of naloxone kits distributed to number of overdose deaths
Community Resiliency	Civic Engagement	Percentage of registered voters participating in the most recent presidential election
	Social Vulnerability	Index score that reflects the social vulnerability of communities
	Equity in Policy	Ratio: Number of low- to moderate-income housing units to number of low- to moderate-income households
Physical Environment	Natural Environment	Percentage of overall landmass with tree canopy cover
	Transportation	Index score that reflects the affordability of transportation for renters
	Environmental Hazards	Number and percentage of children with blood lead levels > 5 micrograms per deciliter
Socioeconomics	Housing Cost Burden	Percentage of renters and owners who are housing cost burdened
	Food Insecurity	Percentage of population who are food insecure
	Education	Percentage of high school students graduating with a regular diploma within four years
Community Trauma	Discrimination	Percentage of adults reporting racial discrimination in healthcare settings in past 12 months
	Criminal Justice	Number of non-violent offenders under RI probation and parole (per 1,000 residents age 18+)
	Public Safety	Violent crime rate and non-violent crime rate (per 100,000 people)

How can the Statewide Health Equity Indicators help us better understand **how children are faring in local communities?**

# New Ways to Measure Success: Statewide Health Equity Indicators



Domain	Determinant	Indicator
Integrated Healthcare	Healthcare Access	★ Percentage of adults who reported not seeking medical or dental care due to cost
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	Behavioral Health	★ Ratio: Number of naloxone kits distributed to number of overdose deaths
Community Resiliency	Civic Engagement	★ Percentage of registered voters participating in the most recent presidential election
	Social Vulnerability	★ Index score that reflects the social vulnerability of communities
	Equity in Policy	★ Ratio: Number of low- to moderate-income housing units to number of low- to moderate-income households
Physical Environment	Natural Environment	★ Percentage of overall landmass with tree canopy cover
	Transportation	★ Index score that reflects the affordability of transportation for renters
	Environmental Hazards	★★ Number and percentage of children with blood lead levels > 5 micrograms per deciliter
Socioeconomics	Housing Cost Burden	★ Percentage of renters and owners who are housing cost burdened
	Food Insecurity	★ Percentage of population who are food insecure
	Education	★★ Percentage of high school students graduating with a regular diploma within four years
Community Trauma	Discrimination	★ Percentage of adults reporting racial discrimination in healthcare settings in past 12 months
	Criminal Justice	★ Number of non-violent offenders under RI probation and parole (per 1,000 residents age 18+)
	Public Safety	★ Violent crime rate and non-violent crime rate (per 100,000 people)

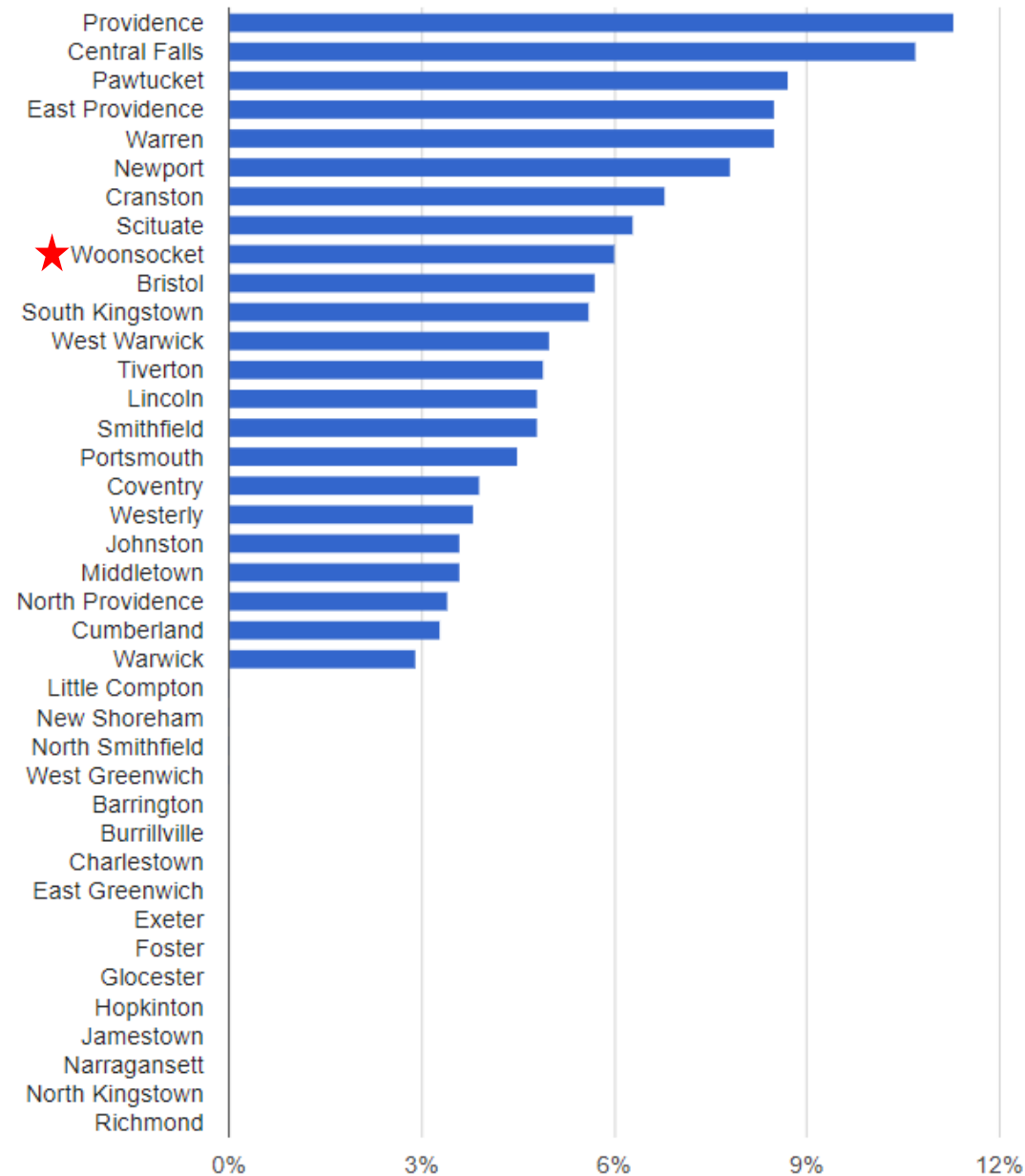


# Indicator: Environmental Hazards

Data source: RIDOH  
Environmental Lead Program

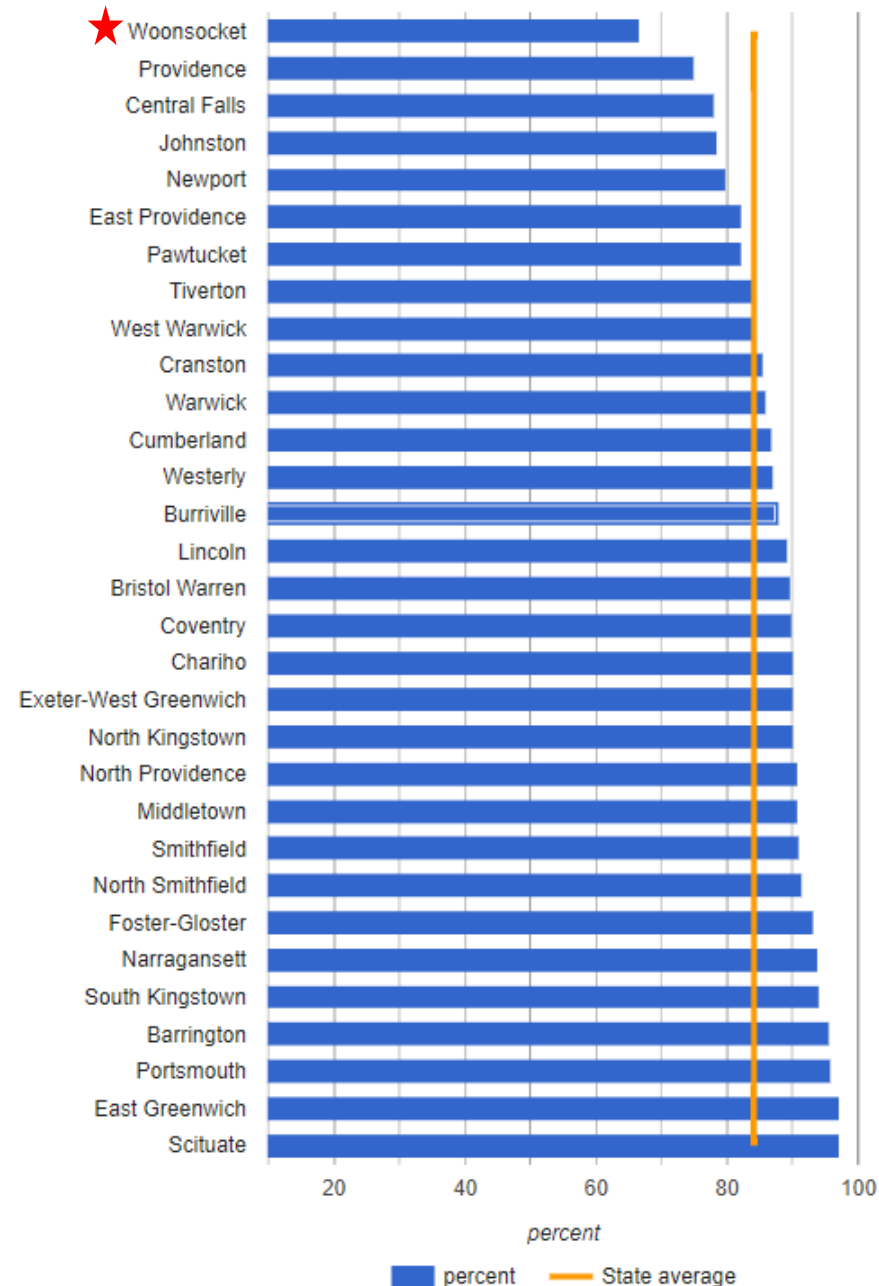
Note: Data for some cities/towns is not reported due to RIDOH's [small numbers policy](#): Barrington, Burrillville, Charlestown, East Greenwich, Exeter, Foster, Glocester, Hopkinton, Jamestown, Narragansett, North Kingstown, Richmond.

Percentage of Children Entering Kindergarten with Elevated Blood Lead Levels, 2017



# Indicator: Education

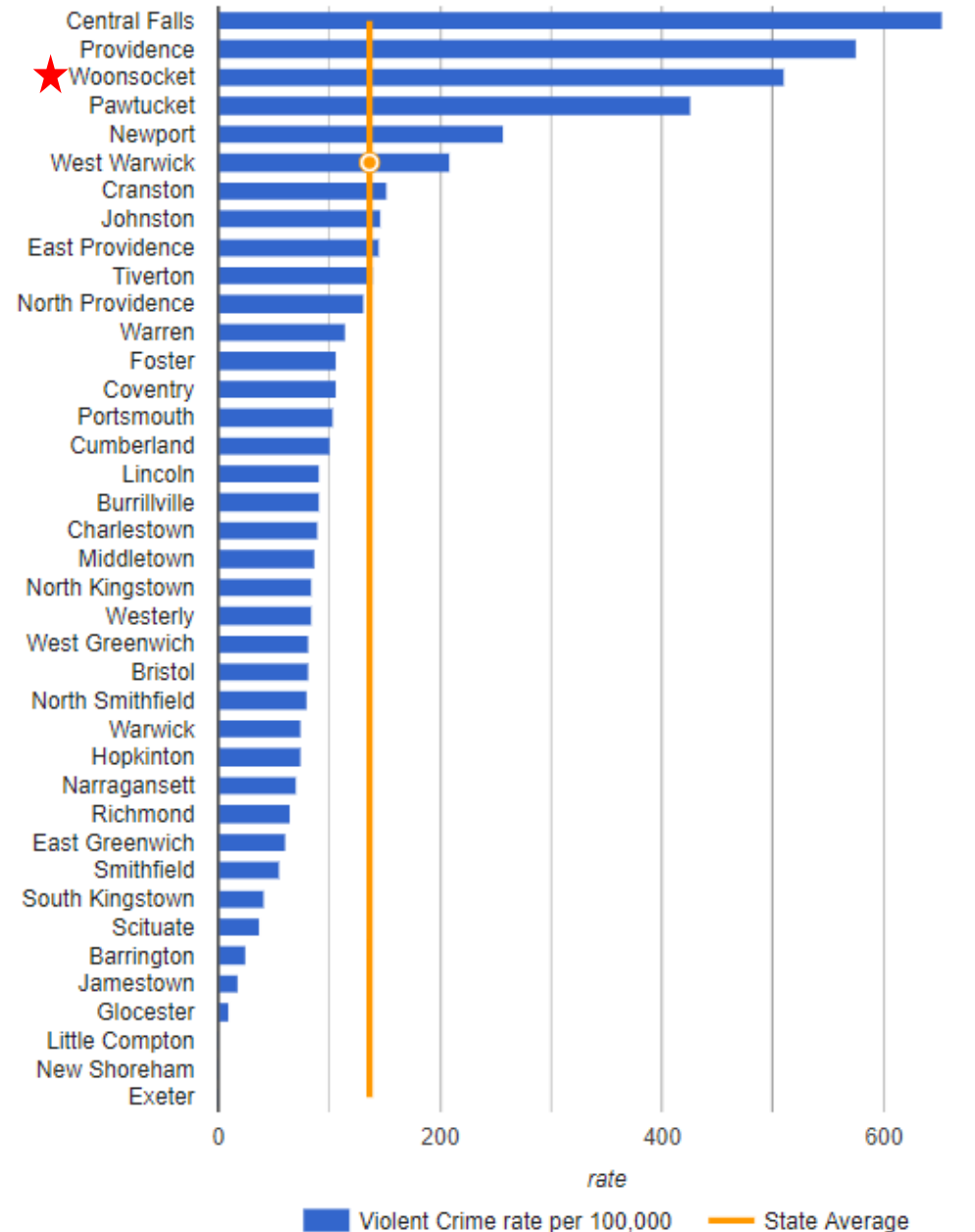
% of students graduating with regular diploma in four years, ranked lowest to highest, 2017



Data source: Rhode Island  
Department of Education

# Indicator: Public Safety

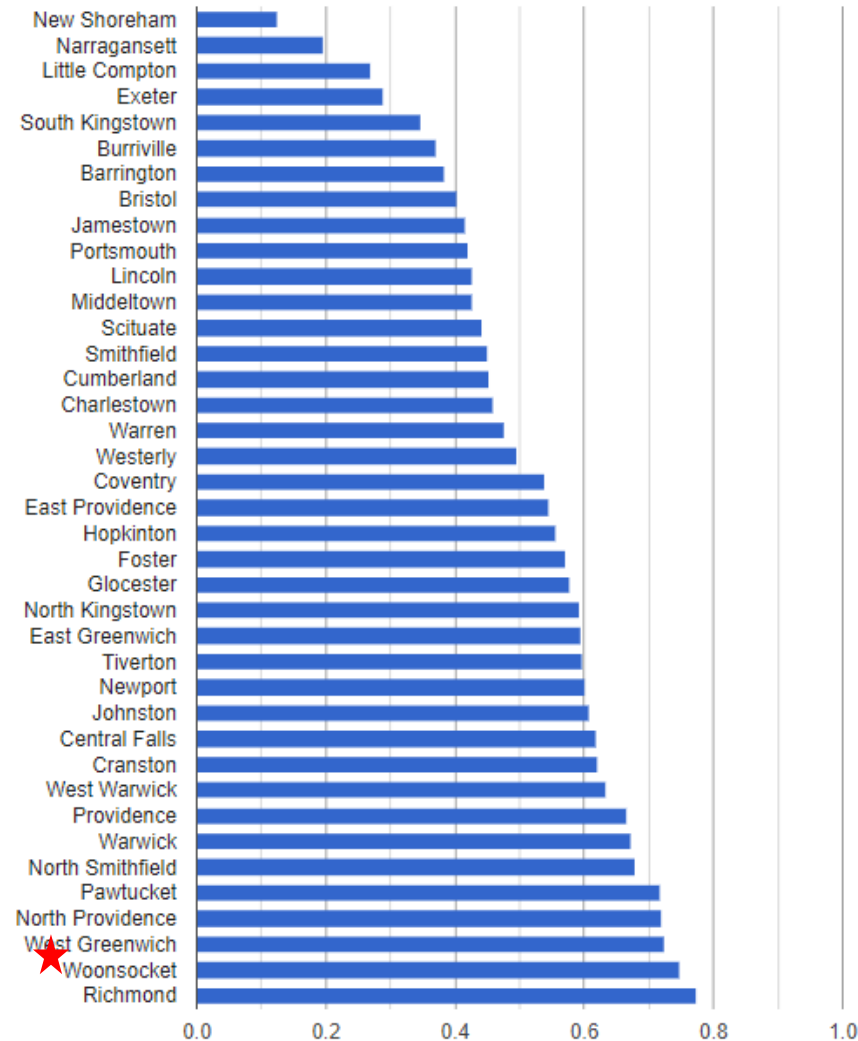
Violent crime rate per 100,000 people, 2016



Data sources: RI State  
Police Uniform Crime  
Reports, FBI Uniform  
Crime Reporting

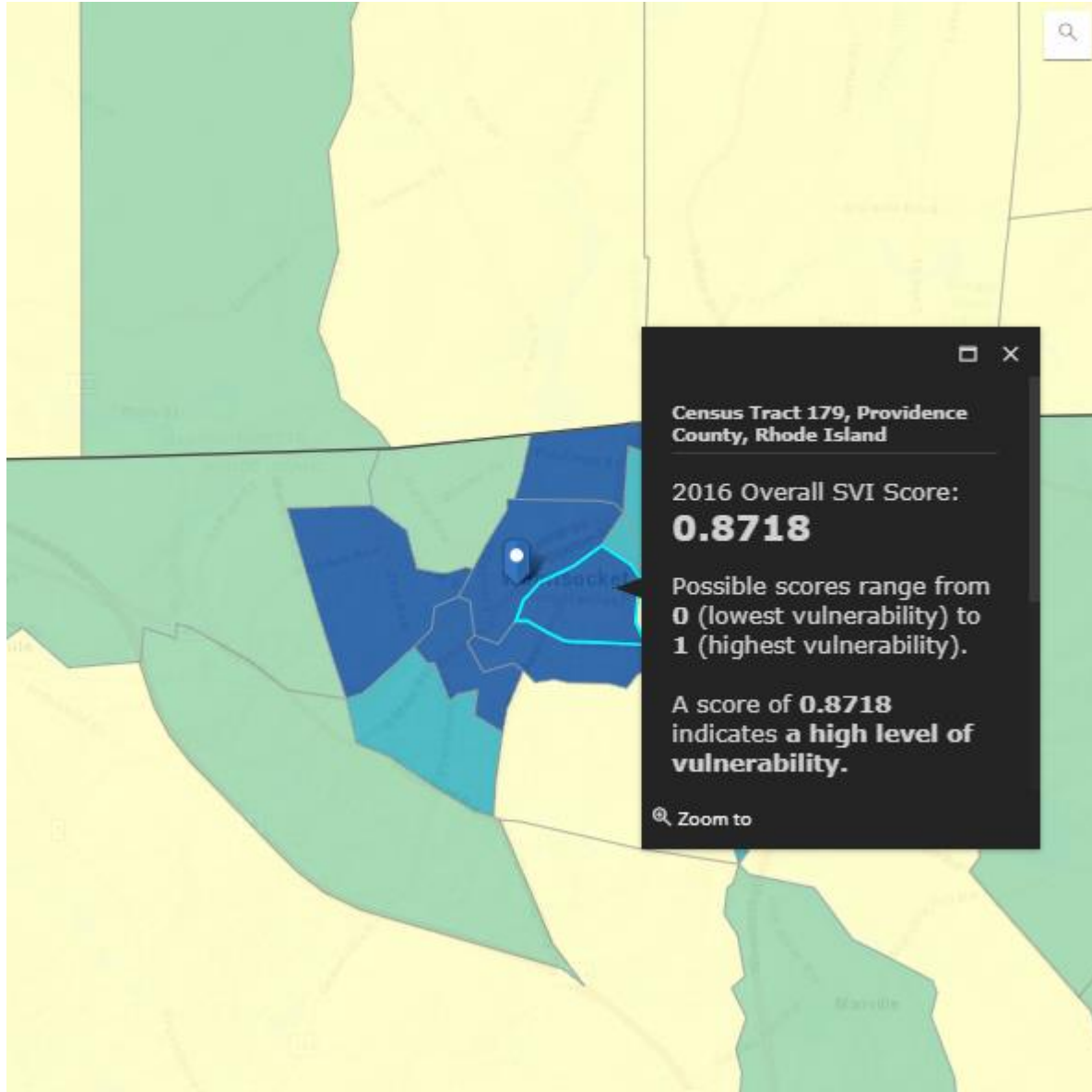
# Indicator: Social Services

Ratio: Number of individuals receiving SNAP to number of individuals eligible based on income, 2016



Data sources:  
Supplemental  
Nutrition Assistance  
Program, US Census  
Bureau

# Indicator: Social Vulnerability



Social Vulnerability Index data are available by census tract, including this sample census tract in Woonsocket.

Some of the factors used to determine this indicator include poverty, transportation access, and housing and population density.

# Next Steps - RIDOH



- **Promoting indicators** as statewide standard for assessing progress towards health equity in RI.
  - Planning rollout event in early 2020
- **Posting baseline data** to our website at [www.health.ri.gov/data/healthequity](http://www.health.ri.gov/data/healthequity)
- **Engaging in conversations** about how additional measures and datasets can build upon, align with, and/or complement the indicators

# Next Steps - RIDOH



- **Conducting additional analyses** to evaluate the impact of health equity interventions.
  - **Working with Health Equity Zones** to integrate the indicators into their evaluation plans and reports.
- **Convening the Community Health Assessment Group (CHAG)** on a quarterly basis moving forward.



# Health Equity Zone Equity Indicators



Domain	Determinant	Indicator
Integrated Healthcare	Social Services	Ratio: Number of individuals receiving to number of individuals eligible for SNAP benefits, based on income
Community Resiliency	Civic Engagement	Percentage of registered voters participating in the most recent presidential election
Community Resiliency	Equity in Policy	Ratio: Number of low- to moderate-income housing units to number of low-income families
Physical Environment	Transportation	HUD Index score that reflects the affordability of transportation for renters
Socio-Economics	Education	Percentage of students graduating with a regular diploma within four years
Community Trauma	Incarceration	Number of non-violent offenders under RI probation and parole (per 1,000 resident age 18+)

# Next Steps - Partners



Use Statewide Health Equity Indicators to:

- **Identify** systems/policies that affect Rhode Islanders' ability to live healthy lives.
- **Evaluate** the impact of health equity initiatives.
- **Measure** our shared progress.

Integrate indicators into funding and action plans.

Collaborate across sectors to address barriers to health and advance health equity.

Share feedback or **join CHAG meetings.**



**Nicole Alexander-Scott, MD, MPH**

Director, Rhode Island Department of Health

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# Appendix

# 2016 RIDOH Community Health Assessment Group



Name	Organization
Annette Bourne	HousingWorks RI
Brenda Clement	HousingWorks RI
Caitlin Towey	Care Transformation Collaborative Rhode Island
Carolyn Belisle	Blue Cross and Blue Shield of RI
Carrie Zaslow	LISC Rhode Island
Ckarla Silva-Agudelo	Thundermist Health Center / Woonsocket Health Equity Zone
Craig Pereira	Horsley Witten / Bristol Health Equity Zone
Cynthia Roberts	Rhode Island Coalition Against Domestic Violence
Denise Crooks	Thundermist Health Center / West Warwick and Woonsocket Health Equity Zones
James Beasley	Rhode Island KIDS COUNT
Jim Berson	YMCA of Greater Providence
Katie Murray	Murray / Zoll & Associates
Larry Warner	Rhode Island Foundation
Megan Hall	The MHC Group
Nikki Bond	North Providence Health Equity Zone
Rachel Newman Greene	City of Providence Health Equity Zone
Sarah Hall	Fio Partners
Stephen Buka	Brown University Department of Epidemiology
Tamara Calise	John Snow, Inc.

Name	Organization
Alvaro Tinajero	Rhode Island Department of Health
Ana Novais	Rhode Island Department of Health
Carol Hall-Walker	Rhode Island Department of Health
Carol Votta	Rhode Island Department of Health
Christopher Ausura	Rhode Island Department of Health
Deborah Garneau	Rhode Island Department of Health
Deborah Pearlman	Rhode Island Department of Health
Dora Dumont	Rhode Island Department of Health
Elise George	Rhode Island Department of Health
James Rajotte	Rhode Island Department of Health
Nicole Alexander-Scott	Rhode Island Department of Health
Samara Viner-Brown	Rhode Island Department of Health
Sandra Powell	Rhode Island Department of Health
Christine Robinson	Rhode Island Department of Corrections
Corinna Roy	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Kimberly Paull	Rhode Island Executive Office of Health and Human Services
Libby Bunzli	Rhode Island Office of the Health Insurance Commissioner
Katelyn St. Amand	Brown MPH Scholar
Kirsten Bryan	RI Division of Planning

# Integrated Healthcare: Healthcare Access



**Indicator:** Percentage of adults who reported not seeking medical or dental care due to cost (2 measures)

**Data Source:** Behavioral Risk Factor Surveillance System (BRFSS)

**Strata:** Race/ethnicity, income, education, disability status

**Groups experiencing highest disparities:** Rhode Islanders who:

- Are Hispanic
- Have lower incomes
- Have less than a high school education
- Have a disability

# Integrated Healthcare: Social Services



**Indicator:** Ratio: Number of individuals receiving to number of individuals eligible for SNAP benefits, based on income

**Data Source:** Supplemental Nutrition Assistance Program (SNAP), US Census Bureau

**Strata:** City/town

**Groups experiencing highest disparities:** New Shoreham, Narragansett, Little Compton



# Integrated Healthcare: Behavioral Health



**Indicator:** Ratio: Number of naloxone kits distributed to number of overdose deaths

**Data Source:** RIDOH Drug Overdose Prevention Program, Prevent Overdose RI website

**Strata:** City/town

**Groups experiencing highest disparities:** Coventry, Portsmouth

**Note:** Overdose death rates are suppressed for cities/towns with fewer than five overdoses for purposes of statistical reliability and to protect confidentiality.

# Community Resiliency: Civic Engagement



**Indicator:** Percentage of registered voters participating in the most recent presidential election.

**Data Source:** RI Board of Elections

**Strata:** City/town

**Groups experiencing highest disparities:** Central Falls, Providence, Woonsocket, Pawtucket

# Community Resiliency: Social Vulnerability



**Indicator:** Index score that reflects the social vulnerability of communities

**Data Source:** CDC/Agency for Toxic Substances and Disease Registry (ATSDR)

**Strata:** Census tract

**Groups experiencing highest disparities:** Census Tracts 2 and 7, Providence; Census Tract 152, Pawtucket; Census Tract 108, Central Falls

# Community Resiliency: Equity in Policy



**Indicator:** Ratio: Number of low- to moderate-income housing units to number of low- to moderate-income households

**Data Source:** HousingWorks RI, Comprehensive Housing Affordability Strategy

**Strata:** City/town

**Groups experiencing highest disparities:** Little Compton, Scituate, West Greenwich

# Physical Environment: Natural Environment



**Indicator:** Percentage of overall landmass with tree canopy cover

**Data Source:** USDA Forest Service i-Tree Tools

**Strata:** City/town

**Groups experiencing highest disparities:** Pawtucket,  
Central Falls, Providence

# Physical Environment: Transportation



**Indicator:** Index score that reflects the affordability of transportation for renters

**Data Source:** US Department of Housing and Urban Development (HUD) Low-Cost Transportation Index

**Strata:** City/town, Census tract

**Groups experiencing highest disparities:**

- Census Tract 207.01, Coventry/Greene; Census Tract 209.03, East Greenwich/Places Corner; Census Tract 131.01, Glocester/Chepachet
- Scituate, Glocester, Foster



# Physical Environment: Environmental Hazards



**Indicator:** Number and percentage of children with blood lead levels  $> 5$  micrograms per deciliter

**Data Source:** RIDOH Environmental Lead Program

**Strata:** City/town

**Groups experiencing highest disparities:** Providence, Central Falls, Pawtucket

# Socioeconomics: Housing Cost Burden



**Indicator:** Percentage of renters and owners who are housing cost burdened

**Data Source:** 2013-2017 American Community Survey

**Strata:** City/town

**Groups experiencing highest disparities:** Central Falls,  
Providence

# Socioeconomics: Food Insecurity



**Indicator:** Percentage of population who are food insecure

**Data Source:** Feeding America – Map the Meal Gap

**Strata:** County

**Groups experiencing highest disparities:** Providence  
County

# Socioeconomics: Education



**Indicator:** Percentage of students graduating with a regular diploma within four years

**Data Source:** RI Department of Education

**Strata:** City/town, race/ethnicity, economic status, disability status

**Groups experiencing highest disparities:** Woonsocket, Central Falls, Providence; economically disadvantaged students; Hispanic and multiracial students

# Community Trauma: Discrimination



**Indicator:** Percentage of adults reporting racial discrimination in healthcare settings in the past 12 months

**Data Source:** Behavioral Risk Factor Surveillance System (available 2020)

**Strata:** Race/ethnicity

**Groups experiencing highest disparities:** To be determined

# Community Trauma: Criminal Justice



**Indicator:** Number of non-violent offenders under RI probation and parole per 1,000 residents age 18+

**Data Source:** RI Department of Corrections, US Census Bureau

**Strata:** City/town

**Groups experiencing highest disparities:** Central Falls, Providence, Woonsocket, West Warwick

# Community Trauma: Public Safety



**Indicator:** Violent crime rate and non-violent crime rate per 100,000 people

**Data Source:** RI State Police Uniform Crime Reports, FBI Uniform Crime Reporting Program

**Strata:** City/town

**Groups experiencing highest disparities:** Central Falls, Providence, Woonsocket, Pawtucket (violent crime); Newport, Providence, Pawtucket, Woonsocket (non-violent crime)

# Public Comment



